

Baby Adams

Town

County

Cumberland

allegany

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

189

6

16

Age

1

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

M Adams

A. Adams

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

F. Adams

151

Reported by

Address

G. L. Carter

Cumberland



Name in Full

Certificate of Death

Margaret May Brown

Town

County

Died at

Eckhart

Allegheny

MARYLAND

Date 1902 June 13 189 33 days Allegheny Co.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

 Husband
 of
 Wife

 Father's
 Name

 Mother's
 Name

Cause of Death { Primary Heart
 Immediate Spasms

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

 ✓
 VERIFIED BY BUREAU, 85408



Name in Full

Certificate of Death

Name in Full *John A. Cannel*
 Died at *Cumberland* Town *Allegheny* County *MARYLAND*
 Date 19 *02* Month *June* Day *27* Age *30* Y. M. D. *—* Native of *Am.* Occupation *Bar Tender*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Intestinal obstruction - Hepatic Cirrhosis

How long sick

16 hours

Death

Immediate

Shock after operation~~Accident, Suicide, Homicide~~

Reported by

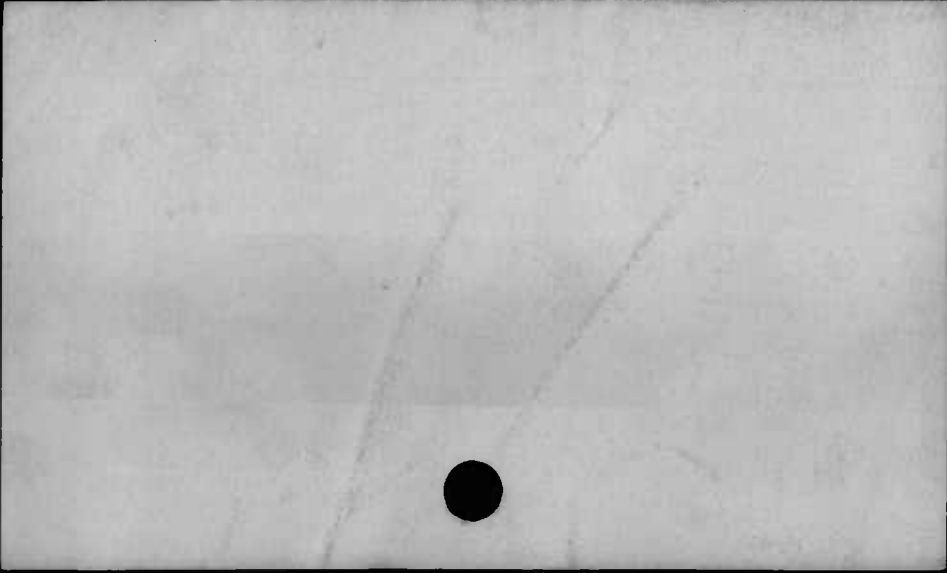
Arthur H. Hawkins

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

F.
William Davis

Died at

Town East Hoffman Mines County Allegheny MARYLAND

Date

1902 Month June Day 19 Y. 20 M. — D. — Native of Allegheny Co. Occupation

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Edward Davis

Mother's

Name

Cause of

Primary

How long sick

Death


Immediate

Crushed by mine cart

Accident, ~~Suicide~~ Homicide

Reported by

Address

Mr. Chumwelle
124 East  Mines, West.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 22560



Name In Full

Certificate of Death

Died at Lord Town Chesapeake County MARYLAND

Date 1892 Month 6 Day 2 Age 54 Y 10 M 13 D 13 Native of Chesapeake Occupation —

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Number of children living —

Husband of — Wife —

Father's Name Grant Dawson Mother's Name May Dawson

Cause of Death { Primary Pericarditis Immediate Pericarditis How long sick 2 wks Accident, Suicide, Homicide ☐

Reported by Dr. C. B. Protema

Address London, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

657m

Alleynay Cancellary —

Dorsley —

Name In Full

Certificate of Death

Franklin Fogel (Fogel)

Town

County

MARYLAND

Died at

Cumbersville

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 13

Age

2

male

child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

61

Cause of

Primary

acute meningitis

How long sick

3 days

Death

Immediate

Concussion

Accident, Suicide, Homicide

Reported by

J. J. W. W. W.

Address

Cumbersville



with

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70355



Charles Yogle

Town

County

Died at

Cumberland

Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 11th

Age

30 - -

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption

Death

Immediate

Exhaustion

How long sick

1 year

~~Indirect Suicide, Homicide~~

Reported by

J M Spear HO
J M D

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ruth Foater

Died at Cumberland Town Allegheny County MARYLAND

Date 1902 Month 6 Day 14 Age 23 Y. M. D. Native of — Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living —

Husband of —

Wife —

Father's Name Joseph Foater Mother's Name Miss Wolf

Cause of Death { Primary Whooping Cough How long sick 2 weeks
 Immediate Convulsion Accident, Suicide, Homicide —

Reported by M. F. Wigg

Address Cumberland, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Grady
 Town *Sonoma* County *Allegany* MARYLAND
 Died at *Sonoma*
 Date 1902 *June 16* Y. *5* M. *-* D. *2* Native of *W. Va* Occupation *None*
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

~~Hand~~ of
~~Wife~~

Father's Name *Charles Grady* Mother's Maiden Name *Maria Dean*
 Cause of Death { Primary *Abdominal injury - run over* How long sick *10 hours*
 Immediate *Trampled by horse - shock* Accident, ~~suicide~~, ~~homicide~~

Reported by *James A. Bullock M.D.*
 Address *Sonoma Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Mrs. Mary Harris*
 Town *Lonaconing* County *Allegheny*
 Died at *Lonaconing* MARYLAND
 Date 19 *02* June 20 Y. M. D. *Ohio* Occupation *Housewife*
 Age *30*
 Race *White* Married *Widow* Divorced *Single*
 Sex *Female* ~~Male~~ *Single* ~~Widower~~ Number of children living *0*

Wife of *John Harris*
 Father's Name *Robert Gibson* Mother's Name *Jane White*
 Cause of Death { Primary *Cancer Pylopus* How long sick *Over a year*
 Immediate *Insanity* *40* ~~Accident, Suicide, Homicide~~

Reported by *W. B. Killian M.D.*
 Address *Lonaconing*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Infant of Mrs W.

Town

County

Hixon

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 26

Age

- - 1

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mrs W. Hixon

Maiden Name

Mother's

Effie Eyles

Cause of

Primary

How long sick

Death

Immediate

Stillborn

Accident, Suicide, Homicide

Reported by

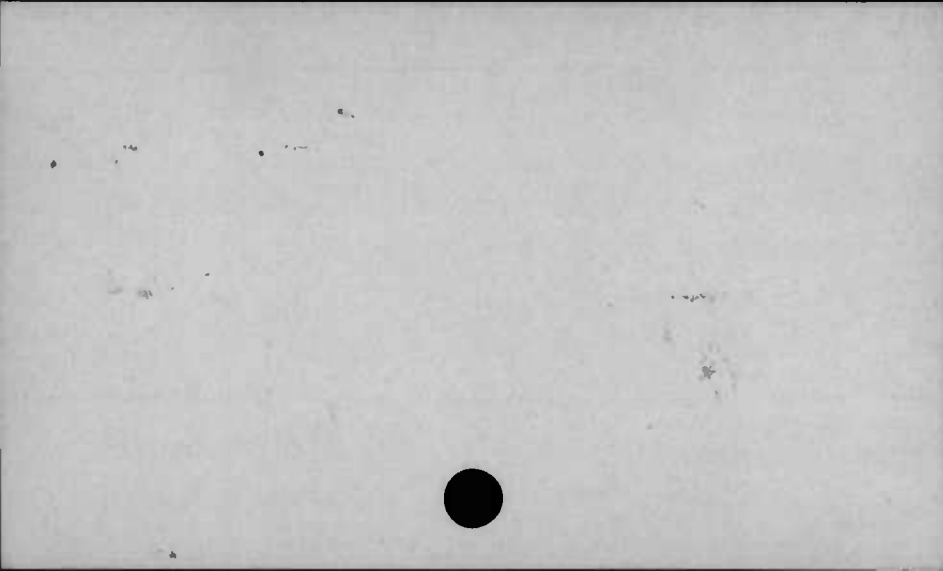
Mrs L. Broadump

Address

Caly

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Died at

Date 19

Name in Full *Mrs Ernest Johnson*
 Town *Lozacoming* County *Allegheny* MARYLAND
 Month *June* Day *4* Y. *23* M. *—* D. *—* Native of *Scotland* Occupation *Homemaker*
 Date 19 *02* *June* *4* Age *23* *—* *—* *Scotland* *Homemaker*
~~Male~~ *White* ~~Mixed~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living *One*

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

of *Daniel Johnson*
 Mother's *Ernest Coath*
 Maiden Name *Ernest Coath*

How long sick

Primary *Pulmonary Tuberculosis*
 Immediate *Emphysema*
 One year
 Accident, Suicide, Homicide



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Jun 28

Age 41-1-

Maryland

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2

~~Husband~~
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Abdominal Tuberculosis

How long sick

4 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Infant of Jacob Kabasky
 Died at Cumid Allegany MARYLAND
 Town County
 Date 1912 6 7 Y. M. D. Native of Ma Occupation -
 Male White Marrried Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living -

Husband of
 Wife

Father's Name Jacob Kabasky Mother's Maiden Name Anna Ditzek
 Cause of Death { Primery Immediate Still Birth D
 How long sick -
 Accident, Suicide, Homicide

Reported by F. W. Focktman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78893



Name in Full

Certificate of Death

Name in Full *Glady's Keyes*
 W. ind. *Hospitals*
 Died at *Cumberland* County *Allegheny* MARYLAND
 Date 19 *02* June *12* Month Day Y. M. D. Native of *Allegheny* Occupation *L*
 Age *3-4*
~~Male~~ White Married ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *1*

Husband of *L*
Wife

Father's Name *Richard Keyes* Mother's *L*
Maiden Name

Cause of Death { Primary *Appendicitis* Immediate
 How long sick *5*
 Accident, Suicide, Homicide

Reported by *S. A. Boucher*

Address *Barton* *Mar*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Martha Elizabeth Laph
 Died at *Frostburg* Town *Alligood* County
 Date 19 *02* Month *6* Day *14* Age *59* Y. *5* M. *6* D. Native of *Chesapeake* Occupation *Housewife*
~~Male~~ ☒ White ☐ Married ☐ Widowed ☐ Divorced ☐ *Housewife*
 Female ☐ ~~Colored~~ ☐ ~~Single~~ ☐ ~~Widower~~ ☐ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

1 week~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

White

~~Colored~~

Age

~~Married~~~~Single~~~~Widow~~

Widower

~~Divorced~~

Number of children living

MARYLAND

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Esther M^{rs} Bordeny.

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 27

Age

1-3

Per

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Agnes M^{rs} Bordeny.

Cause of

Primary

Cholera Infantum

How long sick

2 days

Death

Immediate

Insanition

105

~~Accident, Suicide, Homicide~~

Reported by

A. H. Stansbury

Address

88 Bedford St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Mc Donnell

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date 1902 ^{Month} Aug ^{Day} 11 | ^{Age} Y. 8 M. 13 D. | ^{Native of} Ind. | ^{Occupation} chies

~~Male~~ White ~~Marrred~~ ~~Widow~~ ~~Diverced~~
Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name John T. Mc Donnell Mother's Maiden Name Annis Keiser

Cause of Death { Primery Intussusception 108 How long sick 10 days
Immediate Exhaustion Accident, Suicide, Homicide

Reported by Dr. H. Towser

Address [Redacted] Cumberland, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Vista S McVernar

Died at *So Cumberland* *allegany* MARYLAND
 Town County
 Date 19 *02* *June* *15* | Age *26* *0* *28* | *md* | *Housewife*
 Month Day Y. M. D. Native of Occupation
~~Male~~ *White* *Married* ~~Widow~~ ~~Divorced~~
 Female *Colored* *Single* *Widower* Number of children living *1*

Husband of *Wm H McVernar*
 Wife *Wm* *Talley* Mother's *Alice*
 Name Maiden Name
 Cause of *Primery Pulmonary Tuberculosis* How long sick *about 1 yr*
 Death *Immediate Exhaustion* *Accident, Suicide, Homicide*

Reported by *Dr L. B. Brown a Dr of Md*
 Address *100 Va Ave* *Cumby*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jessie Marguis Major
 Town Lonaconing County Allegany MARYLAND
 Died at Lonaconing
 Date 19 02 Month June Day 12 Age 38 Y. 2 M. 20 D. 3 Native of Scotland Occupation Wife
White Married Widow ~~Divorced~~
Female ~~Male~~ Single ~~Widower~~ Number of children living 2

~~Spouse~~ of William Major
 Wife
 Father's Name James Marquis Mother's Maiden Name Cecilia Prentice
 Cause of Death { Primary Pulmonary Tuberculosis How long sick 6 mos.
 Immediate Pneumonia Cardiac Failure ~~Accident~~ ~~Suicide~~ ~~Homicide~~
 Reported by M. Gibson Porter or
 Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Ann Jones Moore

Died at ^{Town} Barton ^{County} Allegany MARYLAND

Date 1902 June 23 Age 42 Y. M. D. 13 Native of Allego Occupation H.W.
 Male White Married Widow Forced
 Female Colored Single Widower Number of children living 8

Husband of James Moore
 Wife
 Father's Name Ebenezer Jones Mother's Name Caroline Jones
 Maiden Name

Cause of Primary Chronic Alcoholism How long sick a few hours
 Death Immediate Heart failure 56 Accident, Suicide, Homicide

Reported by S. A. Bracher

Address Barton Md



Betty Nathan
Town County
Died at *Cumhd Stigany* MARYLAND

Date 19 *01* *June* *20* Age *88*
Month Day Y. M. D. Native of Occupation
~~Male~~ White ~~Married~~ Widow Divorced
Female ~~Colored~~ Single ~~Widower~~ Number of children living *1*

Husband of _____
Wife

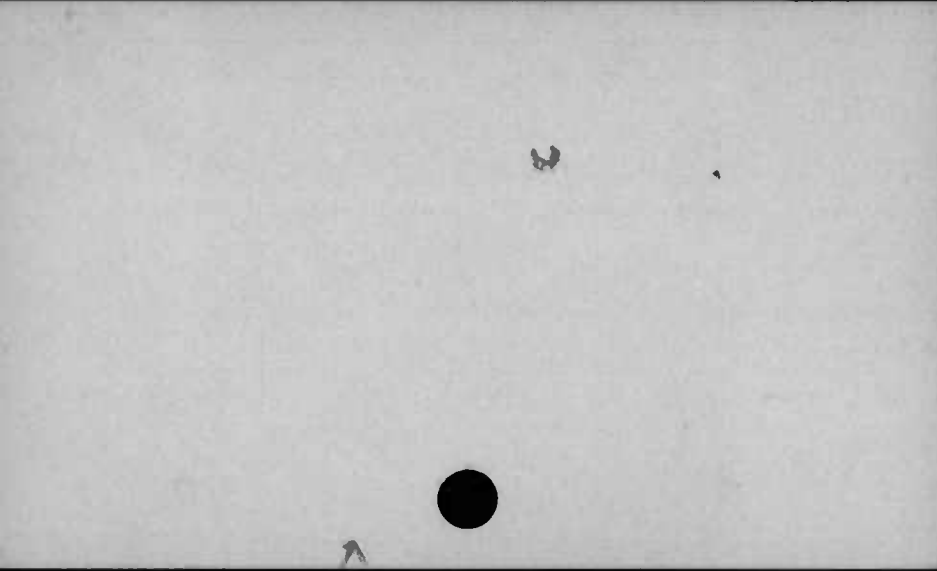
Father's Name _____ Mother's Maiden Name _____

Cause of Death { Primary *dropy* Immediate
How long sick _____
Accident, Suicide, Homicide *W*

Reported by *H. B. Miller*

Address _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *V*



Name in Full

Certificate of Death

William Nelson

Died at ^{Town} Eckhart

County Allegany

MARYLAND

Date ¹⁹⁰² June 10

Age

29

Native of

Mary G.

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Improper feeding

How long sick

Death

Immediate

Spasms.

Accident, Suicide, Homicide

Reported by

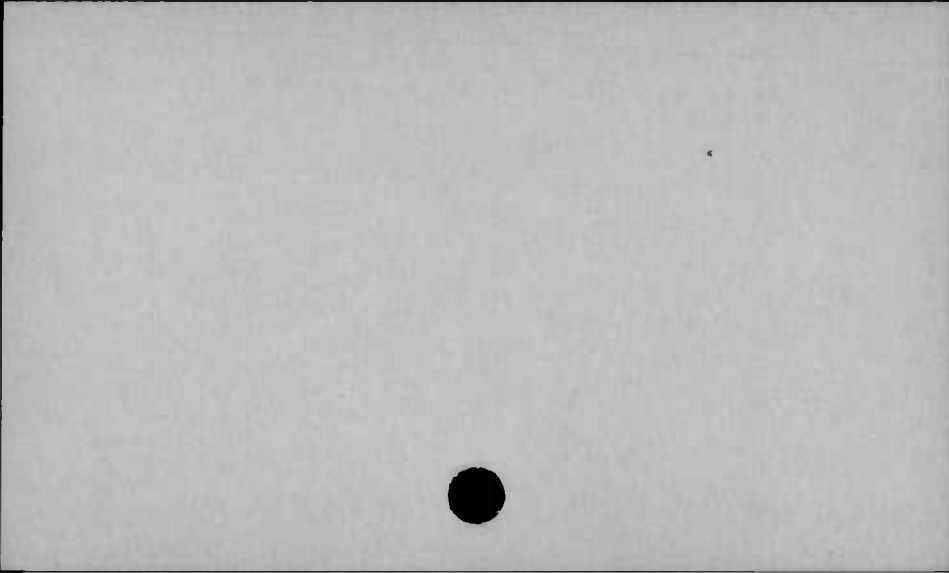
Ben Crumwell

Address

Eckhart Mining Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Nickels

Town

County

Died at

Couchesville

Allegheny

MARYLAND

Date 19

02

Month

Day

June 15

Y.

M.

D.

Native of

Occupation

Age

5

male

clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband

of

Wife

Father's

Name

Friedrich Nickels

Mother's

Maiden Name

105 Wilkinson

Cause of

Primary

Cholera Infantum

How long sick

5 days

Death

Immediate

acute meningitis

Accident, Suicide, Homicide

Reported by

J. M. Wilkinson

Address

Couchesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Rice

Died at Cumtland Town Allegheny County MARYLAND

Date 1902 Month 6 Day 5 Age 30 Y. M. D. Native of Ind Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of _____
Wife

Father's Name _____ Mother's Name _____
 Maiden Name _____

Cause of Primary Fever How long sick 4 months
 Death Immediate Exhaustion 67
~~Accident, Suicide, Homicide~~

Reported by M. F. J. J. J. J.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

L. V. Robertson

Town

County

MARYLAND

Died at

Cumberland Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

6

9

Age

46

-

-

Ind.

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

7

Husband

of

Irene Middleton

Father's

Mother's

Name

J. Robertson

Name

Cause of

Primary

Emphysema 94

Death

Immediate

Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by

G. L. Carver

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Name in Full

Certificate of Death

Died at

MARYLAND

Date 19

02

Month

Day

June 27

Y.

M.

D.

1 1/2

Age

Native of

Cumberland

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Conrad Rudolph

Mother's

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

How long sick

Don't know

Accident, Suicide, Homicide

Reported by

Address

James J. Johnson, M.D.
Cumberland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full

Certificate of Death

Infant of Lewis Schardt

Town

County

MARYLAND

Died at

Cumberland

allway

Month

Day

Y. M. D.

Native of

Occupation

Date 1902

June 9

Age

1 day

md

child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Lewis Schardt

Mother's

Maiden Name

Lizzie Miller

Cause of

Primary

Still Born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. M. Miller

Address

Cumberland

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catharine Scoggins 666
 Town County
 Died at *Cumberland Allegany* MARYLAND
 Date 189*02* Month *6* Day *9* Y. *14* M. *2* D. *25* Native of *C* Occupation *Domestic*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *2*

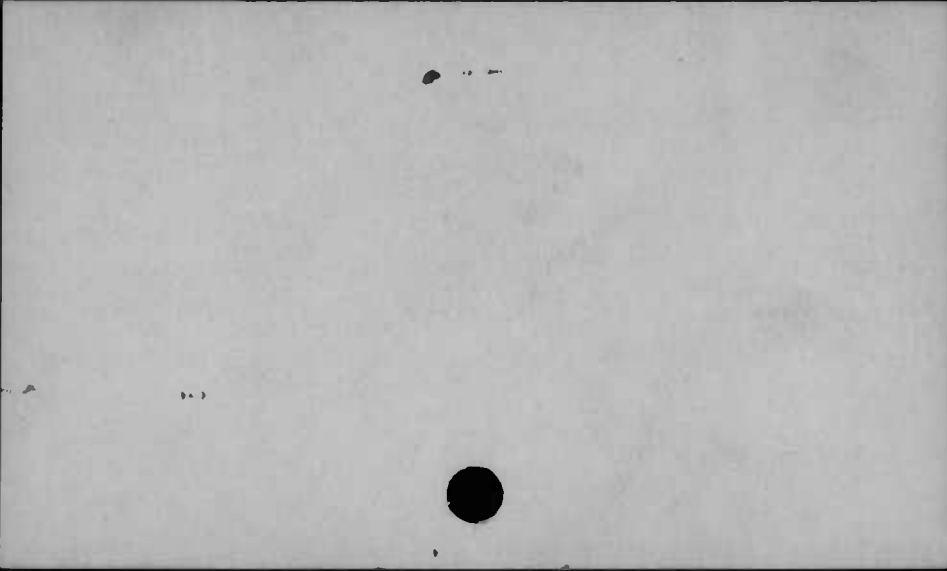
Husband of
 Wife
 Father's Name *Samuel Scoggins* Mother's Name *Louisa Scoggins*

Cause of Death { Primary *Mitral incompetency* How long sick *2 yrs. 4 mos.*
 Immediate *Dropsy* Accident, Suicide, Homicide

Reported by *J. H. Thompson*
 Address *13 N. Mechan St.* 19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65066



Name In Full

Certificate of Death

Infant of Floyd E. Shaw

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

9

Age

—

—

1

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Floyd E. Shaw

Mother's

Maiden Name

Mamie Colbert

Cause of

Primary

Still born

How long sick

Death

Immediate

D

Accident, Suicide, Homicide

Reported by

Dr E. B. Claybrook,

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name In Full

Certificate of Death

Emma Siebert

Died at ^{Town} Cumberland ^{County} Allegany

MARYLAND

Date 1902 June 11 Age 74 Y. M. D. Native of Germany Occupation Housewife

Male ☒ White ☒ Married ☒ Widowed ☒ Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of Primary

Paralysis

Death Immediate

Exhaustion

How long sick

5 days

Accident, Suicide, Homicide

Reported by

R. F. Fichtel

Address

Cumberland

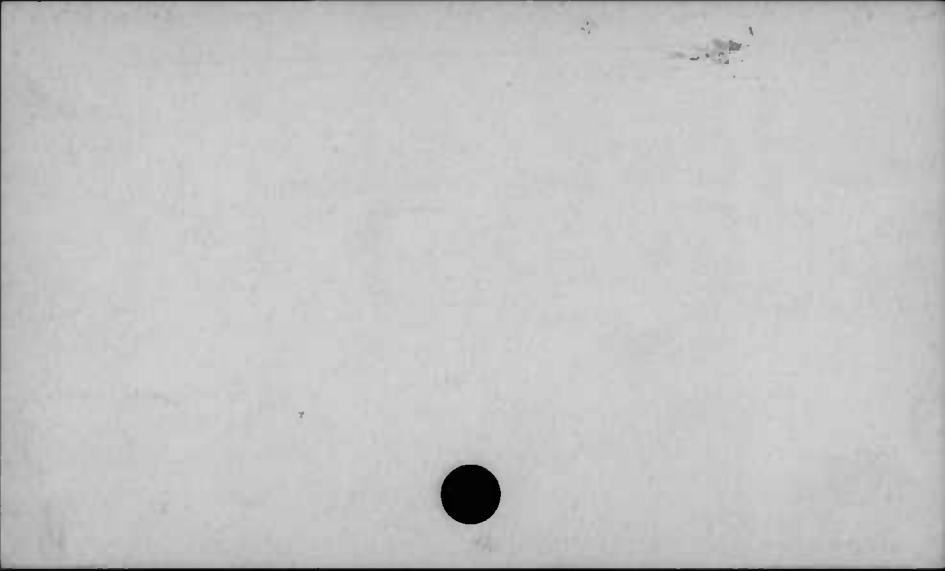
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Died at		Town <i>Chamberland</i>		County <i>Allegheny</i>		MARYLAND	
Date 19 <i>02</i>		Month <i>June</i>	Day <i>21</i>	Age <i>-</i>	Y. <i>-</i>	M. <i>-</i>	D. <i>-</i>
Native of		Occupation					
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		Number of children living					
Wife							
Father's Name		Mother's Maiden Name					
<i>B. K. Smallwood</i>		<i>Lillie Martin</i>					
Cause of Death	Primary	<i>St. B. Brown</i>				How long sick	
	Immediate	<i>D.</i>				Accident, Suicide, Homicide	
Reported by		<i>Thos. H. Brown, M.D.</i>					
Address		<i>Chamberland, Md.</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John C. Thomas

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6

30

Age

36

Va

Conductor, Great App

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Three

Husband

Wife

Father's

Name

Minnie Quirk

Mother's

Maiden Name

Mrs Wm Thomas

Cause of

Primary

Tuberculosis

How long sick

8 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. N. Forks

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79883



Name in Full

Certificate of Death

Infant Loxell

Town County

Died at *Cumtuxland* *alligance* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 *Dec 16* *1907* Age *1*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widowed~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of Death { Primary Immediate

St. B. D.

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mary C. Valentine

Near Town County
 Died at Cumberland Allegany MARYLAND

Date 1902 Month 6 Day 9 Age 69 Native of Md Occupation Wife
~~Male~~ White Married ~~Widow~~ Divorced
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9

Husband of Theodore Valentine
 Wife
 Father's Name Mother's Maiden Name

Cause of Primary Mitral Regurgitation How long sick Several months
 Death Immediate Accident, Suicide, Homicide

Reported by J. N. Feldman 79

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Jana Woods
 Town *Cumberland* County *Allegheny* MARYLAND
 Died at

Date 19 *02* Month *6* Day *14* Age *80* Y. M. D. Native of Occupation

~~Male~~ White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living ~~_____~~

Husband of _____
 Wife

Father's Name _____ Mother's Maiden Name _____

Cause of Death { Primary *old age* Immediate *Exhaustion* } How long sick *3 weeks*
 Accident, Suicide, Homicide

Reported by *M. J. Wigg*

Address *Cumberland, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

